Note to all applicants/respondents: This form was developed with Nuance, the official HUD software for the creation of HUD forms. HUD has made available instructions for downloading a free installation of a Nuance reader that allows the user to fill-in and save this form in Nuance. Please see http://portal.hud.gov/hudportal/documents/huddoc?id=nuancereaderinstall.pdf for the instructions. Using Nuance software is the only means of completing this form.

Affirmative Fair Housing Marketing Plan (AFHMP) -Multifamily Housing

U.S. Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity

OMB Approval No. 2502-0608 (exp.02/28/2017)

1a. Grantee Name & Address (including City, County, State, Zip Code, Telephone No. & email add	ress) 1b. Rental Assistance Contract Number
Maryland Department of Housing and Community Development 100 Community Place, Crownsville, MD 21032	MD06RDD1201 +
Attn:Elaine Cornick 410-514-7449 Elaine.Cornick@Maryland.gov	1c. No. of Units
1d. Entity Responsible for conducting Outreach and Referral (check all that apply)	·
Grantee Service Provider Other (specify) Maryland Department of DIsa	bilities
entity Name, Contact Person and Position (if known), Address (including City, County, State &	Zip Code), Telephone Number & Email Address
John Brennan, Chief of Staff Maryland Department of Disabilities 217 E Redwood St, Baltimore, MD 21202	
410-767-3640 john.brennan@maryland.gov	
The Grantee has designated the Maryland Department of Disabilities (MDOD) as the primary conduit for outreach and referral for the as possible, MDOD will coordinate with a broad range of entities who work directly with the target populations. MDOD will serve as a conclusion of the contract of the cont	clearing house for various entities that may refer potential tenants. e Person (MFP) outreach efforts in institutions and program informationar rhealth care organizations. Program information and outreach activities to program by their case manager or by CIL staff. In addition to fair Iment procedures, unit application processes, transition planning and oncerning this AFHMP be sent? Indicate
Maryland Department of Housing and Community Development 100 Community Place, Crownsville, MD 21032 Attn:Elaine Cornick 410-514-7449 Elaine.Cornick@Maryland.gov	
2a. Affirmative Fair Housing Marketing Plan Plan Type Initial Plan Date of the First Approved AFHM	P:
Reason(s) for current update:	

2b. Outreach Start Date
Grantees should not begin accepting applications prior to conducting the marketing and outreach activities identified in the approved AFHMF
Date Outreach will begin (xx/xx/xxxx) 09/30/2014 Date Grantee will begin accepting applications (xx/xx/xxxx) 11/17/2014
Note: Only Fiscal Year 12 Demonstration Grantees are permitted to accept applications prior to conducting marketing and outreach activities identified in the approved AFHMP.
3a. Target Areas (check one): Statewide V Other (specify)
Baltimore, Washington DC and the surrounding areas
3b. Target Population(s)
The target populations for the MD PRA Demo are non-elderly adults with disabilities, age 18 and over and below 62 years of age at selection, with income at or below 30% of AMI who are Medicaid recipients. In order to ensure the state's priority policy issues - including meeting Olmstead requirements and ending homelessness - are addressed, the MD PRA Advisory Committee determined that certain populations would have a priority for the PRA Demo units. These households would be prioritized on the centralized referral list. These Priority Populations are, in priority order: 1. Institutionalized Medicaid Recipients 2. Households At Risk of Institutionalization Due to Current Housing Situation 3. Developmental Disabilities Administration (DDA) Community Pathways Waiver Participants Moving from Group Homes/Alternative Living Units (ALUs) to independent renting and Mental Hygiene Administration (MHA) Residential Rehabilitation Program participants moving to independent renting, and 4. Homeless persons who are Medicaid recipients, prioritized in HEARTH Act definition order (HEARTH Act of 2009)
3c. Is all or some of the Target Population(s) covered by a Settlement Agreement? No 📝 Yes
3d. Demographics of Target Population(s) (check all that apply)
White American Indian or Alaska Native Asian Black or African American
✓ Native Hawaiian or Other Pacific Islander ✓ Hispanic or Latino Families with Children (under age 18) ✓ Other ethnic group, religion, sex, etc. (specify) sex

	was provided by the MD De abilities Administration, MD		
	ohic group in the target population		
The Grantee has i Persons whose of the Persons with limits	dentified the following group disability impacts their ability ted English proficiency	os as least likely to apply	
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The Grantee has i Persons whose o Persons with lim People with visu	dentified the following group disability impacts their ability ted English proficiency	os as least likely to apply v to communicate	

	a to one	gible individuals in	the tar	get population	on(s).		y, provide a description of how the prog
The Grantee's the S. 811 PR	outrea A Prog		at thes	e populations	s will be	e reached and h	ave an equal opportunity to apply for
most common	among	ciency: Outreach r g the target popula reters will also be p	tions. N	laterials will b	e trans	Spanish, the la slated into other	nguage that has been identified as languages as need is identified by
whose disabili population will Data Set (MD communicatin Maryland Tecl communicatio	ity interi I be cor S) for n g and n hnology n, com	feres with their abinducted through thursing facilities. The making special outly Assistance Progreuter access, cogr	lity to co e MFP ne MFP reach e am's (N nitive lea	ommunicate a Program. The Program has fforts to this p ITAP) Device arning, aids fo	are largese ind scommodulate Librar branch	gely located in n ividuals will be i nitted to identifyi ion, using assis y includes items living, memory	whic data, it is expected that persons ursing facilities. Outreach to this dentified using the state's Minimum ng persons who have difficulty tive technology as needed. The s for hearing, vision, education, aids, and environmental adaptations. eded by applicants.
materials to co order to ensur including throu requested by	onduct of e this pugh mai MD DO	outreach. These r oopulation is reach terials provided in D. In addition, MF	nethods ed, the alternal P will u	are not alway program will live formats. se the MDS	ays equensure The Midata to	ially effective for outreach is con AP will produce identify persons	rlyers, brochures and other written r people with visual disabilities. In aducted to reach this population e materials in alternative formats as swith visual disabilities who desire to contact with these individuals.
	Poster i	must be prominently where the Poster w			/locatio	ns in which renta Other (specify)	activity takes place (24 CFR 200.620(e)).
				Wioder Grit		Other (specify)	case managers, state service agencies
he AFHMP must	be avai		ection at	all rental offic	es/loca	tions (24 CFR 20	0.625). Check below all locations
here the AFHMF	² will be						
here the AFHMF	o will be	Grantee Office		Model Unit		Other (specify)	
Rental Office	Compl	Grantee Office		sing Poster a		АҒНМР	using Poster and AFHMP.
Explain how you	Complus will en	iance to display Fasure that every proj	ect own ties w	sing Poster a er will promine ith PRA ur	ently dis	AFHMP splay the Fair Ho splay the fair	using Poster and AFHMP. housing poster at their sites. for compliance during on-site

6.	Evaluation of Marketing Activities	
	Explain the evaluation process you will use to determine whether your outreach activities have been successful in attracting individuals in the target population(s) who are least likely to apply, including who will be responsible for conducting this evaluation, when this evaluation will be conducted and how the results of this evaluation will inform future marketing activities.	ation
	One year from the date the Cooperative Agreement is signed, the MDOD will evaluate the success of this outreach and marketing plan. MDOD will evaluate the demographic characteristics of program applicants and tenants at that time and compare these data with the baseline demographic data on file. If this review indicates that populations identified as least	

success of this outreach and marketing plan. MDOD will evaluate the demographic characteristics of program applicants and tenants at that time and compare these data with the baseline demographic data on file. If this review indicates that populations identified as least likely to apply – or other populations – are not represented in the applicant and tenant populations in percentages roughly equivalent to those in the baseline data, then MDOD will assume adjustments need to be made to the outreach plan. At that point, MDOD will establish an ad hoc committee of appropriate parties to discuss the outcomes and identify potential system changes to achieve better results.

8. Review and Update

By signing this form, the grantee agrees to implement its AFHMP, and to review and update its AFHMP in accordance with the instructions to item 8 of this form in order to ensure continued compliance with HUD's Affirmative Fair Housing Marketing Regulations (see 24 CFR Part 200, Subpart M). The Grantee also certifies that training will be provided to staff/entities that provide outreach to target population(s) for the purpose of enrollment in the 811 PRA program. Training will consist of affirmative fair housing outreach requirements and the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act and the American with Disabilities Act. I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements.

Conviction may result in criminal and/or civil penalties. (See 18 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802)

Elaine Connich	11/14/2014
Signature of person submitting this Plan & Date of S	Submission (mm/dd/yyyy)
Elaine Cornick	
Name (type or print)	
Acting Director of Multifamily Housing (Maryland Dep Title & Name of Company	partment of Housing and Community Development
For HUD-Office of Housing Use Only Reviewing Official:	For HUD-Office of Fair Housing and Equal Opportunity Use Only Approval Disapproval
Signature & Date (mm/dd/yyyy)	Signature & Date (mm/dd/yyyy)
Name (type or print) Name	Name (type or print)
Title	Title